

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037331

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9506

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DAVIS  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

1  
2 206  
3  
4 2  
5 1  
6  
7 1  
8 1  
9  
10  
11  
12 75-0  
13

FILED SEP 26 1963

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUIS, MO.

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTYc. CITY  
OR  
TOWN

St. Louis

Inside Limits  
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION ST. LOUIS CITY HOSP. #1Inside Limits  
Yes ☐ No ☐d. STREET  
ADDRESS(If outside, give location)  
5849 Roosevelt Ave.Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First  
WILLIAM

Middle

Last  
ARMSTRONG4. DATE  
OF  
DEATHMonth  
9Day  
19Year  
19635. SEX  
Male6. COLOR OR RACE  
Colored7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
11/26/989. AGE (last birthday)  
64 yrs.IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)10b. KIND OF BUSINESS OR INDUSTRY  
None11. BIRTHPLACE (City and state or country)  
New Orleans, La.12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

General Armstrong

13b. MOTHER'S MAIDEN NAME

?

14. NAME OF HUSBAND OR WIFE

Christella Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Christella Armstrong-5849 Roosevelt Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral infarct

INTERVAL BETWEEN  
ONSET AND DEATH

1 mth

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Cerebral atherosclerosis

DUE TO (c)

332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Pulm. edema &amp; myocardial infarction

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9/12/63  
Death occurred at 4:15 PM.

to 9/19/63

and last saw her  
him alive on 9/19/63

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Design or title)

Tom C. Davis MD

22b. ADDRESS

1515 LAFAYETTE AVE.

22c. DATE SIGNED  
9/19/6323a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

23b. DATE

9-26-1963

23c. NAME OF CEMETERY OR CREMATOR

Greenwood Cemetery

23d. LOCATION (City, town, or county)

St. Louis (County) Missouri

(State)

24. FUNERAL DIRECTOR

Ellis Funeral Home-2820 Stoddard St.

ADDRESS

25. DATE RECD. BY LOCAL REG.

SEP 23 1963

26. REGISTRAR'S SIGNATURE

Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Fulton E. Hickman

Licensed Embalmer No. 4198

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Embalmer (Name) \_\_\_\_\_

Embalmer (Address) \_\_\_\_\_

Embalmer (Date) \_\_\_\_\_

Embalmer (Signature) \_\_\_\_\_

Embalmer (Other) \_\_\_\_\_